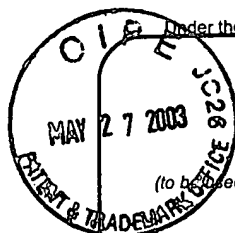


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | |
|------------------------|------------------|
| Application Number | 09/779,799 |
| Filing Date | February 8, 2001 |
| First Named Inventor | Avinger, et al |
| Art Unit | 3632 |
| Examiner Name | K94 Chan 4099 |
| Attorney Docket Number | 19427/04099 |

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
|--|---|--|

Remarks

Fee Transmittal, Petition for Revival, Amendment After Final, Request for Extension of Time. Check for \$1,115 (includes Petition Fee and Extension Fee) Postcard



SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

24024
PATENT TRADEMARK OFFICE

Signature

(Reg. No. 48,578)

Date

May 22, 2003

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name

Yolonda S. Toth

Signature

Yolonda S. Toth

Date

5/22/03

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED

MAY 28 2003

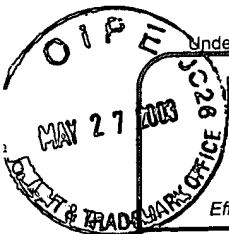
OFFICE OF PETITIONS

DAC/



PTO/SB/17 (05/03)

Approved for use through 04/30/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,115

Complete if Known

Application Number 09/779,799

Filing Date February 8, 2001

First Named Inventor Avinger, et al

Examiner Name K. Chan

Art Unit 3632

Attorney Docket No. 19427/04099

RECEIVED

MAY 28 2003

OFFICE OF PETITIONS

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit
Account
Number
Deposit
Account
Name

03-0172

CALFEE, HALTER GRISWOLD

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|--------------|----------|--------------|----------|------------------------|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 1001 | 750 | 2001 | 375 | Utility filing fee | |
| 1002 | 330 | 2002 | 165 | Design filing fee | |
| 1003 | 520 | 2003 | 260 | Plant filing fee | |
| 1004 | 750 | 2004 | 375 | Reissue filing fee | |
| 1005 | 160 | 2005 | 80 | Provisional filing fee | |
| SUBTOTAL (1) | | | | (\$) 0 | |

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| | | Extra Claims | | Fee from below | Fee Paid |
|--------------------|----------------------|--------------|----------------------|----------------------|----------------------|
| Total Claims | <input type="text"/> | -20** = | <input type="text"/> | X | <input type="text"/> |
| Independent Claims | <input type="text"/> | -3** = | <input type="text"/> | X | <input type="text"/> |
| Multiple Dependent | | | | <input type="text"/> | <input type="text"/> |

| Large Entity | | Small Entity | | Fee Description |
|--------------|----------|--------------|----------|--|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | |
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 |
| 1201 | 84 | 2201 | 42 | Independent claims in excess of 3 |
| 1203 | 280 | 2203 | 140 | Multiple dependent claim, if not paid |
| 1204 | 84 | 2204 | 42 | ** Reissue independent claims over original patent |
| 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$) 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description |
|----------|----------|----------|----------|--|
| 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath |
| 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet |
| 1053 | 130 | 1053 | 130 | Non-English specification |
| 1812 | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |
| 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |
| 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |
| 1251 | 110 | 2251 | 55 | Extension for reply within first month |
| 1252 | 410 | 2252 | 205 | Extension for reply within second month |
| 1253 | 930 | 2253 | 465 | Extension for reply within third month |
| 1254 | 1,450 | 2254 | 725 | Extension for reply within fourth month |
| 1255 | 1,970 | 2255 | 985 | Extension for reply within fifth month |
| 1401 | 320 | 2401 | 160 | Notice of Appeal |
| 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal |
| 1403 | 280 | 2403 | 140 | Request for oral hearing |
| 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |
| 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |
| 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional |
| 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) |
| 1502 | 470 | 2502 | 235 | Design issue fee |
| 1503 | 630 | 2503 | 315 | Plant issue fee |
| 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |
| 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |
| 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |
| 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |
| 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR 1.129(a)) |
| 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 CFR 1.129(b)) |
| 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) |
| 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |

Fee Paid

465

650

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 1,115.00

SUBMITTED BY

Name (Print/Type) Diane H. Dobrea

Registration No. 48,578
(Attorney/Agent)

(Complete if applicable)

Telephone 216.622.8485

Signature

Date

May 22, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.